



TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES  
**Customized Employment Customer Monthly Progress Report**

**Report for**

**Month**

**Year**

VR Counselor Name:

**Customer Name:**

**CRP Agency Name:**

**Service Information**

**Discovery**

**Start Date:**

**Completion Date:**

**Customized Job Development**

**Start Date:**

**Completion Date:**

**Employment Status**  **Use this box for general placement cases. For Supported Employment cases once employment is achieved, use the Supported Employment Monthly Progress report.**

**Start Date:**

**Completion Date:**

Identify and explain progress, services, barriers addressed and/or ongoing issues to resolve including changing jobs, leaving or reentering program, treatment, labor market, job coaching issues, plan for fading, etc.

**Hire Report Attached**     **Other,**

I certify that the above dates, times, and services are accurate. I personally completed, documented, and provided all services recorded and information described. I maintain the credentials and training requirements as described in the CRP Service Guide.

Name of the CRP Staff:

CRP Staff Signature:

Date:

Report for                      Month                      Year

(Attach additional pages if necessary)

To be submitted each month until placement is secured

<u>Customer Name:</u>	<u>CRP Name:</u>
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**Job Specifications (conditions for employment, needs, preferences):**

**Job Search Ideas:**

**CUSTOMIZED JOB DEVELOPMENT (Targeted Time to Complete: Varies; 25-45 Hours)**

Date	Describe Activity, Name Employer(s) Contacted:	Location (or if done by phone, note this):	Total time (including travel):

*HS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.*


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HS-3410 (Rev. 02-23)

**RDA: 2117**

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